

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25223

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 79

| | | | | | | | | |
|---|--|--|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lexington</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Higginsville</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial Hospital</u> | | | Length of stay in lb <u>2 days</u> | | d. STREET ADDRESS (If outside, give location) <u>23rd & Locust</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>PENN</u> Last <u>MORGAN</u> | | | | 4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1957</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Apr. 24 1887</u> | | |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairing</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Corder, Missouri</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | | |
| 13. FATHER'S NAME <u>WILLIAM PENN MORGAN</u> | | | | 14. MOTHER'S MAIDEN NAME <u>LAURA BELLE HILGERS</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>513-14-1292</u> | | 17. INFORMANT Address <u>Mrs. Mayme V. Morgan (Wife) Higginsville</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>General atherosclerosis</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Diabetes mellitus</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days several years.</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u> | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | | |
| 21. I attended the deceased from <u>7-2-57</u> to <u>7-10-57</u> and last saw <u>her</u> alive on <u>7-9-57</u> Death occurred at <u>6 30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Willie E. Fulherson M.D.</u> | | | | 22b. ADDRESS <u>Higginsville Mo</u> | | 22c. DATE SIGNED <u>7-23-57</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>July 12 1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>A.H. Hader Funeral Home-Higginsville</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>7/25/57</u> | | 26. REGISTRAR'S SIGNATURE <u>Minerva E. Eastman</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Wm. L. Sherman*

Licensed Embalmer No. *450*

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.